

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ ID# \_\_\_\_\_

Holder of Insurance: (Name) \_\_\_\_\_ DOB: \_\_\_\_\_

Holder's Social Security: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of time of arrival: \_\_\_\_\_ Transportation needed from airport: yes  no

Airline: \_\_\_\_\_ Time of arrival: \_\_\_\_\_ Flight #: \_\_\_\_\_

Expectation for your client while in treatment:

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The financial contract needs the signature of the financially responsible person. Please obtain signature prior to admission and either email contract back to [kathleen.neher@lindnercenter.org](mailto:kathleen.neher@lindnercenter.org) or present on day of admission.

If the patient is not their own guardian, please obtain the guardian's signature on the following documents if the guardian will not be escorting patient to treatment.

- Consent to Treat
- Releases of information
- Financial Contract
- Please obtain the guardian's full name and contact information.

If you have any questions, please call Kathleen Neher at (513) 536-0532 or (513) 543-0226.